

## DEPARTMENT OF EMPLOYEE TRUST FUNDS

Division of Employer Services

P. O. Box 7931

Madison, WI 53707-7931

# MONTHLY PREMIUM REPORT

## GROUP INCOME CONTINUATION INSURANCE

(For All State Employees Except University of Wisconsin Faculty)

Wis. Stat. § 40.05 (5)

Department Name	Employer Identification Number (EIN) 69-036-	Coverage Month/Year
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		Premiums Collected From Employees Eligible for State Share						
Premium Category	Number of Employees	Regular	Adjustments	Subtotal	Times	State Share % Rate	Equals	State Share
1					X	0%	=	- 0 -
2					X	0%	=	- 0 -
3					X	200%	=	
4					X	340%	=	
5					X	570%	=	
6		- 0 -	- 0 -	- 0 -				
<b>Subtotal A</b>					<b>Total State Share</b>			

		Premiums Collected From Employees NOT eligible for State Share						
Premium Category	Number of Employees	Regular	Adjustments	Subtotal				
1								
2								
3								
4								
5								
6								
<b>Subtotal B</b>								

Plus (+)

Total Employee-Paid Premium  
(Subtotal A + Subtotal B)

Equals (=)

**Total Amount Due**

Date (MM/DD/CCYY)	Prepared By:	Telephone No.
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